L0800061243

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400257773564

03/14/14--01011--001 **25.00

2011 MAR 14 PM 3: 44
2810 2817 AVEC PR SAID

MAR 17 2014 T CLINE

COVER LETTER

TO: Registration Section **Division of Corporations**

TekNavigators, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Hoenig

Name of Person

West Hill Technology Counsel

Firm/Company

900 Cummings Center, Suite 206T

Beverly, MA 01915

City/State and Zip Code

Jhoenig@westhillcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Hoenig

Name of Person

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INH\$18 (12/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Tokkensparen, LLC		***************************************	
2 (6)	Principal office address of limited liability comp	SYNUT 100 Cummings Clarker Suite 314-H		
2. (a)	(Note: MUST BE STREET ADDRESS)	Beverly, NA 01915		
	(NOTE: MUSI BE SIKELI ADDRESS)	Details we one is	<u> </u>	
(b) Mailing address of limited liability company:	100 Cummings Contar Suita, 314-H	<u> </u>		
	(Note: MAY BE POST OFFICE BOX)	Boverly, MA 01915	<u> </u>	
		·	- 少和 - 🛨 🚦	
			स्य म ्	
l-ma 94	****	£08000061293	79 -	
June 23,		(H8000081250		
3. Da	3. Date of filing/registration in Florida 4. Docum	4. Document number	CT (1)	
			<u>ြာ</u> ရုံး ယှ	
5 (0). Projectored Agent and Projectored Office shows	on the seconds of the Warida'	Done Sector	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	nebr or stare.	
	Registered Agent:	Rick Silvo		
	Registered Office Address:	8875 Hidden Pover Plovy, Sutta 300		
	5	Tampa, FL 33637		
	NEW Registered Agent:	Corporation Services Company	Corporation Services Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hoys Street		
		Taffahasson	F[_32301	
confii and the liabilithe m the of	limited liability company is not organized under to med that after the change or changes are made, the business office of the registered agent will be in ity company, it is hereby confirmed that the changembers of the limited liability company or as other peritying agreements of the limited liability company of a member or sutherized representative of a member	e Florida street address of the lentical. Or, in the case of a l e(s) was/were authorized by a rwise provided in the articles	e registered office Florida limited an affirmative vote of	
Printe	KICK SI/VG d or typed name of signer			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)